

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-021791

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 182

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0017

2 0017x

3

4 0

5 1

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9 420.1

10

11

12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED JUN 18 1962

a. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kirksville

Length of stay in 1b
38 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 415 W. Cottonwood

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Adair

c. CITY OR TOWN Kirksville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
415 W. Cottonwood

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Charles Boyd

Lawson

4. DATE OF DEATH

Month

Day

Year

June

7

1962

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-25-1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Contracting

11. BIRTHPLACE (City and state or country)

Putnam Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Drury Lawson

13b. MOTHER'S MAIDEN NAME

Rosetta Lowe

14. NAME OF HUSBAND OR WIFE

Florence Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes

W.W.#1

16. SOCIAL SECURITY NO.

17. INFORMANT

Florence Lawson Kirkville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line if death was caused by:)

IMMEDIATE CAUSE (a)

Acute coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

30 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive heart disease

2 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-7-62 to 6-7-62 and last saw him alive on 3-23-62.

Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Kirkville, Missouri

22c. DATE SIGNED

6-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-9-62

23c. NAME OF CEMETERY OR CREMATORY

Highland Park

23d. LOCATION (City, town, or county)

Kirkville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Dee Riley Funeral Home, Inc.

415 North Franklin

Kirkville, Missouri

W. X. Jackson

25. DATE RECD. BY LOCAL REG.

June 9, 1962

26. REGISTRAR'S SIGNATURE

Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

JUN 19 1962

J.B. Jones, M.D.

Permit issued June 9, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.